



Effective on 12/08/2004
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

FEE TRANSMITTAL For FY 2005

☐ Applicant claims small entity status. See 37 C.F.R. § 1.27

TOTAL AMOUNT OF PAYMENT (\$)**450.00**

Complete if Known

Application Number	09/687,484
Filing Date	10/13/2000
First Named Inventor	Donald C. Jackson
Examiner Name	Man U. Phan
Art Unit	2665
Attorney Docket No	TEL-018

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: **50-0574** Deposit Account Name: **Bever, Hoffman & Harms, LLP**

For the above-identified deposit account, the Director is hereby authorized to; (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	\$
Plant	200	100	300	150	160	80	\$
Reissue	300	150	500	250	600	300	\$
Provisional	200	100	0	0	0	100	\$

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee(\$)</u>	<u>Fee(\$)</u>
41	- 35 or HP = 6	x 25.00 =	150.00			

HP = highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>
8	- 5 or HP = 3	x 100 =	300.00

HP = highest number of total claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	Number of each additional 50 or fraction thereof	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	5- = (round up to a whole number) x	=		

4. OTHER FEE(S)

Non-English Specification - \$130 fee (no small entity discount)

Other: _____ Fee Paid (\$) _____

SUBMITTED BY

Signature:	Registration No. 35,537	Telephone: (408) 451-5907
Name (Print/Type) Jeanette S. Harms		Date: February 25, 2005